



KILLEEN PARKS & RECREATION REGISTRATION FORM

KILLEEN COMMUNITY CENTER

2201 E. VETERANS MEMORIAL BLVD. , KILLEEN, TX 76541
PHONE: 254-501-8889 FAX: 254-526-9210
OFFICE HOURS: MON-FRI 8 AM – 5PM
SUN: CLOSED

FAMILY RECREATION CENTER

1700-A E. STAN SCHLUETER LOOP , KILLEEN, TX 76542
PHONE: 254-501-6391 FAX: 254-501-6388
OFFICE HOURS: MON-FRI 5AM – 10PM; SAT 7AM – 8PM
SUN: 12PM – 6PM

PLEASE SELECT SPORT/LEAGUE:

SOFTBALL:

- ___ MEN'S OPEN
___ MEN'S 250' RECREATIONAL
___ CO-ED OPEN
___ CO-ED 250' RECREATIONAL
___ CO-ED CHURCH
___ WOMEN'S OPEN

SOCCER:

___ Co-Ed

VOLLEYBALL:

___ Co-Ed

BASKETBALL:

- ___ MEN'S OPEN
___ MEN'S 35 & OVER
___ WOMEN'S OPEN

FLAG FOOTBALL:

___ Co-Ed

COACH'S INFORMATION (PLEASE PRINT)

FIRST NAME

LAST NAME

MI

STREET ADDRESS

CITY

ZIP CODE

HOME PHONE

CELL PHONE

WORK PHONE

E-MAIL ADDRESS

TEAM INFORMATION (PLEASE PRINT)

TEAM NAME

COMMENTS:

☐ TEAM HAS PARTICIPATED IN KPR LEAGUES.

☐ TEAM HAS **NOT** PARTICIPATED IN KPR LEAGUES.

HAVING BEEN INFORMED OF THE ORGANIZATION OF THE CITY OF KILLEEN - KILLEEN PARKS & RECREATION TO PROVIDE SUPERVISED (ACTIVITY) GAMES FOR ADULTS, WE THE AFORE NAMED TEAM, DO HEREBY GIVE OUR APPROVAL OF PARTICIPATION IN ANY AND ALL OF THE ACTIVITIES DURING THE CURRENT SEASON. WE DO ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE ACTIVITIES AND WE DO HEREBY **RELEASE, ABSOLVE, INDEMNIFY AND HOLD HARMLESS** THE CITY OF KILLEEN – KILLEEN PARKS AND RECREATION, THE ORGANIZERS, SPONSORS AND SUPERVISORS AND/OR ALL OF THEM. IN CASE OF INJURY TO OUR PLAYERS, WE HEREBY WAIVE ALL CLAIMS AGAINST THE ORGANIZERS, THE SPONSORS, OR ANY OF THE SUPERVISORS APPOINTED BY THEM. IN ADDITION, I WILL ABIDE BY THE RULES STATED IN THE LEAGUE BY-LAWS OF THE KILLEEN PARKS AND RECREATION DEPARTMENT.

COACH'S SIGNATURE

DATE

OFFICE USE ONLY

TEAM NAME: _____ LEAGUE: _____ DATE RECEIVED: _____

METHOD OF PAYMENT: _____ RECEIPT #: _____ KPR INITIAL: _____